

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)

Schweitzer et al.)

Application No. 09/552,818)

Filed: 04/20/2000)

For: METHOD AND APPARATUS
FOR SESSION RECONSTRUCTION)

Group Art Unit: 2142

Examiner: Thompson, Marc D.

Attorney Docket No. XACTP015

Date: December 3, 2004

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Signed: 

Erica L. Farlow

AMENDMENT B

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Dear Sir:

In response to the office action mailed 11/03/2004, please enter the following amendments and remarks to the above mentioned patent application.

Attorney Docket XACTP015

-1-

ZILKA KOTAB

PC
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95 SOUTH MARKET ST., SUITE 420
SAN JOSE, CA 95113TELEPHONE (408) 971-2573
FAX (408) 971-4660

FAX COVER SHEET

Date: January 24, 2005	Phone Number	Fax Number
To: Examiner Marc Thompson		(703) 872-9306
From: Kevin J. Zilka		

Docket No.: XACTP015

App. No: 09/552,818

Total Number of Pages Being Transmitted, Including Cover Sheet: 22

Message:

Please deliver to Examiner Thompson.

Examiner Thompson,

While doing an audit of the above-identified file, we noticed that our response on December 3, 2004 has not shown up on PAIR.

Per your conversation with my paralegal, Erica Farlow, we are re-submitting our response with a copy of the Auto-Reply Facsimile Transmission sheet.

Please do not hesitate to contact us with any questions.

Thank you.

Kevin J. Zilka

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January 21, 2005

Auto-Reply Facsimile Transmission



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Date:	December 3, 2004	Phone Number:	Fax Number:
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From:	Kevin J Zilka		
Docket No.:	XACT015	App. No: 09/852,818	
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Signed: 

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS	<u>30</u> -	<u>20</u>	<u>10</u>	X09 = \$	OR	X18 = \$180
INDEP CLAIMS	<u>04</u> -	<u>04</u>	<u>00</u>	X44 = \$	OR	X88 = \$0
				\$0		\$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid						
			TOTAL	\$		<u>\$180.00</u>



Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351. Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. XACTP015). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka-Kotab, PCKevin J. Zilka
Registration No. 41,429P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

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[] Multiple Dependent Claim Present and Fee Not Previously Paid						
TOTAL				\$		\$180.00



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(Revised 1/76)